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Bib Data Sheet

CONFIRMATION NO. 7545

<b>SERIAL NUMBER</b> 10/706,740	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 222	<b>GROUP ART UNIT</b> 3754	<b>ATTORNEY DOCKET NO.</b> 38949/280375
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/425,838 11/12/2002

*yes KPS 9/17/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None KPS 9/17/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Kevin P. Shanahan</i> Initials <i>KPS</i>				

**ADDRESS**

23370

**TITLE**

Floss dispenser cap

<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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